

UPDATE

To: All Providers

RE: Preferred Drug List Update (Replaces ALERT dated June 8, 2007)

Effective July 2, 2007, the Alabama Medicaid Agency will update our Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates. The updates are listed below:

PDL Brand Additions	PDL Brand Deletions*
NONE	Bactocill -Anti-infective Agents/Penicillins
	E.E.S. -Anti-infective Agents/Macrolides
	Eryc -Anti-infective Agents/Macrolides
	EryPed -Anti-infective Agents/Macrolides
	Fulvicin U/F -Anti-infective Agents/Antifungals
	Mefoxin -Anti-infective Agents/Miscellaneous β -Lactams
	PCE -Anti-infective Agents/Macrolides
	Zithromax -Anti-infective Agents/Macrolides

*Denotes that these products will no longer be preferred but are still covered by Alabama Medicaid and will need Prior Authorization (PA).

Initial re-reviews of the anti-infective agents began during the May 9th, 2007 P&T Meeting with the remaining anti-infective classes scheduled to be reviewed at the August 22, 2007 meeting. Below are the requirements for approval of PA requests for the anti-infective agents.

- The patient must have an appropriate diagnosis supported by documentation in the patient record.
- The patient must also have failed two treatment trials of no less than three-days each, with at least two prescribed and preferred anti-infectives, either generic, OTC or brand, for the above diagnosis within the past 30 days or have a documented allergy or contraindication to all preferred agents for the diagnosis submitted.
- Patients on anti-infective therapy while institutionalized once discharged or transferred to another setting or patients having a 60 day consecutive stable therapy may continue on that therapy with supportive medical justification or documentation.
- Medical justification may include peer-reviewed literature, medical record documentation, or other information specifically requested. Approval may also be given, with medical justification, if the medication requested is indicated for first line therapy when there are no other indicated preferred agents available or if indicated by susceptibility testing or evidence of resistance to all preferred agents.

PA requests that meet prior usage requirements for approval may be accepted verbally by calling HID at the number below.

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency website at www.medicaid.alabama.gov and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Hard copy PA requests may be faxed or mailed to:

Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210
Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

June 15, 2007